

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35032

STATE FILE NUMBER

FILED NOV 14 1957

Registration District No. 48 Primary Registration District No. 5173 A Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cedar City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Length of stay in 1b 2 years		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary A Middle Eva Last Jacobs		4. DATE OF DEATH Month Oct. Day 28, Year 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 5-1875
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months 10 Days 23 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (City and state or country) Chamois, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Pearl		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Nadine Washington, Cedar City, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4500		INTERVAL BETWEEN ONSET AND DEATH Years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour- Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct. 23, 1957, to Oct. 28, 1957 and last saw her alive on Oct. 23, 1957. Death occurred at 3:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert H. Palmer, M.D. (degree or title)		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 10/29/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 30 Oct 1957	
23c. NAME OF CEMETERY OR CREMATORY St. Aubert		23d. LOCATION (City, town, or county) (State) St. Aubert, Mo.	
24. FUNERAL DIRECTOR ADDRESS Clyde Morton, Linn, Mo.		25. DATE RECD. BY LOCAL REG. 1 Nov. 1957	
26. REGISTRAR'S SIGNATURE R. P. Norris, M.D. - JR.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Uemon M. Morton*

Licensed Embalmer No. *412*

P. O. Address *Box 251
Finn, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.